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PTO/SB/21 (09-06)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number 10/667,976

Filing Date 09/22/2003

First Named Inventor O. Boehm

Art Unit 1615

Examiner Name Carlos A. Azpuru

Attorney Docket Number 224562

ENCLOSURES (Check all that apply)☐ Fee Transmittal Form☐ Fee Attached☐ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/
Incomplete Application
☐ Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a

Provisional Application

☐ Power of Attorney, Revocation

Change of Correspondence Address

☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication to TC☐ Appeal Communication to Board
of Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please identify
below):Revocation of Power of Attorney with New
Power of Attorney and Change of
Correspondence Address (1 page)**Remarks**

Submitted via facsimile to 571-273-8300

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Patrick J. Halloran, Ph.D., J.D.

Signature

Printed name

Patrick J. Halloran

Date

05/06/2008

Reg. No.

41,053

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name

Patrick J. Halloran

Date

05/06/2008

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PTO/SB/82 (01-08)

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**REVOCATION OF POWER OF
ATTORNEY WITH
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|------------------|
| Application Number | 10/867,678 |
| Filing Date | 09/22/2003 |
| First Named Inventor | G. Boehm |
| Art Unit | 1615 |
| Examiner Name | Carlos A. Axpuhu |
| Attorney Docket Number | 224562 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

05026

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

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Individual Name

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Shah R. Makujina, Vice President, Chief Patent Counsel, Alpharma, Inc.

Date

February 3, 2008

Telephone

908 688 4108

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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